

QTP 4N0X1C-6  
May 2005

**AEROSPACE MEDICAL SERVICE SPECIALTY - INDEPENDENT  
DUTY MEDICAL TECHNICIAN**

**HISTORY AND PHYSICAL**



**TRAINING THE BEST MEDICS FOR THE BEST  
AIR FORCE IN THE WORLD**

*Volume 6*

383d TRAINING SQUADRON/XUFB  
INDEPENDENT DUTY MEDICAL TECHNICIAN COURSE  
939 MISSILE ROAD  
SHEPPARD AFB TX 76311-2262

**QTP 4N0X1C-6**

**AEROSPACE MEDICAL SERVICE SPECIALTY - INDEPENDENT MEDICAL  
DUTY TECHNICIAN**

*Volume 6 History and Physical*

**TABLE OF CONTENTS**

<b><u>MODULE</u></b>	<b><u>OBJECTIVE</u></b>	<b><u>PAGES</u></b>
1	Obtain and Record Medical History	1 - 2
2	Perform Physical Examinations	3 - 5

## **INTRODUCTION**

1. This qualification training package (QTP) was developed to enhance on-the-job training for Aerospace Medical Service Specialist, Independent Duty Medical Technician (IDMT), 4N0X1C. It provides the trainer with a breakdown of task performance skills to aid in performance evaluation.
2. Your role as the trainer is to carefully read over each module and identify the QTPs that pertain to the IDMTs in your operational setting. Core tasks are also identified with the number five (5) in the Specialty Training Standard (STS). These core tasks are thought of as *war skills* and have been deemed essential for training even during times of war. You have the flexibility to train these volumes in the order that best suits your needs.
3. When the trainee has been allowed sufficient time for training and is ready for evaluation, follow the evaluation instructions and use the performance checklist as a guide to evaluate performance. Provide feedback to the trainee after each evaluation. Document progress on the AF Form 1098. Initial certification is also signed off in the STS. If a trainee does not successfully complete the QTP, provide feedback and counsel the trainee on their weak areas. Allow adequate preparation time before conducting a retest.
4. The QTPs are a tool for assessing/certifying the IDMT each time they arrive at a new duty station and as a tool for standardizing annual refresher training. Our goal has been to publish a useable document for both the trainee and trainer. We value your first hand expertise and solicit your feedback on how we can improve our product. Direct all inquiries to:

Independent Duty Medical Technician Course  
383d Training Squadron/ XUFB  
939 Missile Road  
Sheppard AFB TX 76311-2262

FAX: DSN 736-2210  
(940) 676-2210  
Voice: DSN 736 4516  
(940) 676-4516

***OBTAIN AND RECORD MEDICAL HISTORY***

**SUBJECT AREA:** Independent Duty Medical Technician (IDMT)

**TASK NAMES:** History and Physical; Obtain and record medical histories

**CFETP/STS REFERENCES:** 18.2.1

**EQUIPMENT REQUIRED:**

1. SF 600, blue/black ink pen and patient scenario
2. References as determined necessary by the individual being evaluated

**TRAINING REFERENCES:** 5

**OBJECTIVE:** Provided a patient, medical records, and clinical setting, obtain and record the problem oriented history using the SOAPP format

**EVALUATION INSTRUCTIONS:**

After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will <b>STOP</b> the procedure immediately and correct the member if performance is detrimental to patient safety.
--

**STEPS IN TASK PERFORMANCE:**

1. Obtain patient history
2. Document history in SOAPP format

**ATTACHMENT:** Performance checklist.

PERFORMANCE ITEM	SAT	UNSAT
<b>OBTAIN AND RECORD MEDICAL HISTORY</b>		
1. Obtain patient history		
a. Chief Complaint (uses patients own words)		
b. History of present illness		
(1) <b>O</b> : Onset		
(2) <b>P</b> : Provocation/Palliation		
(3) <b>Q</b> : Quality		
(4) <b>R</b> : Radiation		
(5) <b>S</b> : Severity		
(6) <b>T</b> : Timing		
c. Associated symptoms (positive & negative)		
d. History and habits pertinent to the chief complaint		
(1) Allergies		
(2) Medications, to include dietary/vitamin supplements/ OTC		
(3) Previous medical/surgical care		
(4) Habits		
(a) Diet		
(b) Sleep		
(c) Alcohol		
(d) Caffeine		
(e) Tobacco		
(f) Substance		
(g) Exercise / Activity		
e. Exposure / Travel History		
f. Other problems: review of systems		
2. Document history in SOAPP format		
a. Subjective history must be in easily understood format and include all pertinent history		
b. Objective data documented IAW volume 6 module 2		
<b>***CRITICAL CRITERIA</b>		
• Failure to obtain <i>Chief Complaint</i>		
• Failure to obtain <i>OPQRST</i>		
• Failure to obtain patient <i>Allergies</i>		
• Failure to document significant data in easily understood format		
FINAL RESULT:		

## ***PERFORM PHYSICAL EXAMINATIONS***

**SUBJECT AREA:** Independent Duty Medical Technician (IDMT)

**TASK NAMES:** History and physical; Perform patient examination

**CFETP/STS REFERENCES:** 18.2.2

**EQUIPMENT REQUIRED:**

1. Examination equipment routinely found in an examination room
2. References as determined necessary by the individual being evaluated

**TRAINING REFERENCES:** 5

**REMARKS/NOTES:** Evaluator must be a privileged medical practitioner

**OBJECTIVE:** Provided a patient or examination model, medical records, and clinical setting, conduct a focused physical examination

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. Patient sensitivity must be maintained throughout the examination process
3. Failure to follow universal precautions is a “No Go” behavior and performance test must be stopped.

<p><b>NOTE:</b> The evaluator will <b>STOP</b> the procedure immediately and correct the member if performance is detrimental to patient safety.</p>
--

**STEPS IN TASK PERFORMANCE:**

1. Obtain patient history\* (Vol 6, Mod 1)
2. Perform focused physical examination
3. Evaluate associated systems

**ATTACHMENT:** Performance checklist.

PERFORMANCE ITEM	SAT	UNSAT
<b>PERFORM PHYSICAL EXAMINATIONS</b>		
1. Perform physical examination (minimum standards)		
a. Obtain and record vital signs		
b. General: Level of distress, orientation, habits, gait, hygiene, odors		
c. Skin; Observe color, character, also observe nails and hair		
2. Head; Hair, scalp, skull, and face		
a. Eyes; Visual Acuity, fields of vision, position and alignment, eyelids, sclera, conjunctiva, cornea, iris, lens, pupils...size & reactivity, extraocular movement and ocular fundi		
b. Ears; Auricles, canals, drums, auditory acuity; Weber and Rinne tests		
c. Nose; Inspect mucosa, septum and turbinates. Palpate sinuses. Assess airflow/patency		
d. Mouth/Throat; Inspect lips, buccal mucosa, gums, teeth, roof of mouth, tongue, pharynx/tonsils		
e. Neck; Palpate for lymph nodes, masses, tracheal deviation, jugular distention/pulsation, thyroid, and auscultate for bruits		
f. Back: Spine, musculature, ROM, CVA tenderness		
g. Chest; Inspect, palpate and percuss. Auscultate breath sounds.		
h. CardioVascular: Assess rate, rhythm and murmur, split heart sounds. Check for JVD and carotid pulse. Assess distal pulses.		
i. Abdomen; Inspect, auscultate, palpate and percuss all four quadrants. Note liver & spleen size		
j. Extremities; Range of motion, pulses, perfusion, sensation, strength and reflexes		
k. Neurological; Cranial nerves, motor function, gait, mental status and reflexes		
3. Document physical in SOAPP format		
a. Subjective must be easily understood format and include all pertinent previous and present history.		
b. Objective data must be recorded in acceptable systemic sequence.		
c. Assessment should be relevant to chief complaint. Include differential diagnosis and clinical reasoning.		
d. Plan should be in accordance with established treatment protocols for IDMTs		
e. Discuss pertinent preventive health measures / prevention counseling.		

PERFORMANCE ITEM	SAT	UNSAT
<b>PERFORM PHYSICAL EXAMINATIONS - Continued</b>		
<b>**CRITICAL CRITERIA</b>		
• Failure to demonstrate universal precautions		
• Failure to maintain patient sensitivity		
• Failure to protect patient modesty by appropriate use of drapes		
<b>FINAL RESULT</b>		

## AEROSPACE MEDICAL SERVICE SPECIALTY – IDMT

## BIBLIOGRAPHY AND OTHER REFERENCES

1. *Advanced Cardiac Life Support Provider Manual*. Current edition. American Heart Association.
2. *Advanced Trauma Life Support Student Manual*. 6<sup>th</sup> ed. Chicago, IL. 1997. American College of Surgeons.
3. AFI 36-2104, Nuclear Weapons Personnel Reliability Program, 29 May 2003
4. AFI 48-102, Medical Entomology Program, 6 December 1993
5. AFI 48-116, Food Safety Program, 19 July 1994
6. AFI 48-117, Public Facility Sanitation, 6 May 1994
7. Bickley LS. *Bates Guide to Physical Examination and History Taking*. Current edition, Philadelphia, PA: JB Lippincott, Williams and Wilkins.
8. Caroline NL. *Emergency Care in the Streets*. 5<sup>th</sup> ed. (pp 226-245; 953-1014). New York, NY: Little, Brown and Company, 1995.
9. Crowley SR. *Sexual Assault: The Medical-Legal Examination*. Stamford, CT: Appleton & Lange, 1999.
10. McBride LJ. *Textbook of Urinalysis and Body Fluids: A Clinical Approach*. Upper Saddle River, NJ: Lippincott, Williams and Wilkins. 1998.
11. Pfenninger JL, Fowler GC. *Procedures for Primary Care Physicians*. St. Louis, MO: Mosby, 1994.
12. Phillips LD. *Manual of I.V. Therapeutics*. 3<sup>rd</sup> ed. FA Davis Company, 2001.
13. Stewart CE. *Advanced Airway Management*. Upper Saddle River, NJ: Pearson Education. Brady, 2002.